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ABSTRACT

Presented is the handbook for volunteers at the Community Developmental School (Goldsboro, North Carolina), a program serving moderately, severely, and profoundly retarded children (with a chronological age ranging from birth to 21 years and developmental age ranging from 1 month to 5 1/2 years). Section I focuses on the program's organization and description with sections on the following: staff, consulting school personnel, advisory board, parent-volunteer-staff organization, history, overview, learning stations, error-free learning, and behavior modification. Provided in Section II are an overview of mental retardation, a general description of various handicaps (including mongolism, cerebral palsy, and autism) that may be observed in the children, and a list of suggested readings. Section III consists of outlines of volunteer job descriptions and projects, a summary of the training program, ideas and suggestions for dealing with the children, and questions and answers about volunteer activities and procedures. A final section includes appendixes with school layouts, a sample volunteer registration form, and a sample contract. (SBH)

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# Volunteer Handbook 1976-77

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**COMMUNITY DEVELOPMENTAL SCHOOL**
ESEA TITLE III PROJECT
Post Office Box 1797
Goldsboro, North Carolina 27530

Office of the Director

Telephone 735-8450

Dear Volunteer:

WELCOME to what we feel is one of the most exciting and promising educational programs in North Carolina!

The staff of the Community Developmental School is committed to a program which concentrates on improving a child's developmental lags. I have found that the most successful way to carry out these various programs and to show results is through a program of individual instruction for each child. This is why volunteers are important to our program.

By volunteering at school you are helping to provide each child with many opportunities for individual attention and work which may enable him to move faster in reaching developmental goals. For your interest in and for your invaluable service to our program, I extend to you the thanks and appreciation of the entire staff of the Community Developmental School.

Because of your desire to serve, this handbook has been prepared to help you understand our student population, our overall program, and our basic rules, regulations, and procedures. It will be helpful to you, and I encourage you to take a few minutes to read it.

I am looking forward to seeing and working with you at school.

Sincerely,

Larry Livengood

Larry Livengood
Director

COMMUNITY DEVELOPMENTAL SCHOOL

1976-77 School Calendar

| | |
|---|---|
| August 30 | Fall Term Begins |
| * September 6 | Labor Day |
| September 14 | Volunteer Rally Day, 9:30 a.m. |
| September 15-16 | Volunteer Training Workshops, 9:00 a.m. - 12:00 Noon |
| * October 26 | System-wide Leave Day |
| * November 4 - 5 | Staff Planning Days |
| * November 25 - 26 | Thanksgiving Vacation |
| * December 18 - January 2 | Christmas Vacation (inclusive) |
| January 3 | Return from Vacation |
| * January 24 - 25 | Staff Planning Days |
| * March 28 - 29 | Staff Planning Days |
| * April 9 - 17 | Easter Vacation (inclusive) |
| April 18 | Return from Vacation |
| June 10 | Last Day of Regular School Term |

* indicates dates school is closed

The Community Developmental School calendar follows the vacation and workday schedule for Goldsboro City Schools. Other workshops and special events will be announced during the school year.

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# SECTION I. PROGRAM ORGANIZATION AND DESCRIPTION

I.A.1 STAFF

| | |
|---|---|
| Director | Larry Livengood |
| Teachers | Cheryl Newsome (Groups 1 and 2) |
| | Jackie Radford (Group 3) |
| | Judy Flowers (Autistic Group) |
| Physical Therapist | Cathy Anderson |
| Coordinator of Volunteers | Virginia Collins |
| Secretary | Joy Brantley |
| Nursery Supervisor | Renate Lee |

Assistants

Group 1
Frankie Albert
Beth Childre
Nancy Cox
Earline Griffin
Edie Harris
Jackie Morrow

Group 2
Dale Baker
Clara Boyle
Agnes Stallings

Group 3
Beth Aycock
Ella Beer
Joyce Borkowski
Faye Hall
Cecelia Hart

Autistic Group
Sherry Brown

## I.A.2 CONSULTING SCHOOL PERSONNEL

In addition to the full time staff, the Developmental School has available the services of two outside professionals on a contract basis.

Dr. Lanelle Taylor serves as the school psychologist. She is a consultant to the staff in dealing with children's programs and behaviors and assists the director in staff training. Dr. Taylor works with the mother's group which meets on a regular basis, and she is available for individual parent consultations upon request.

Robert Muzzarelli, from East Carolina University, is a consulting speech pathologist for the school. He spends one day a month at school observing the children and staff in the language stations. He makes specific recommendations for individual and room programs and for teaching techniques for language development.

## I.A.3 ADVISORY BOARD

The school's Advisory Board meets regularly throughout the school year to receive reports on the school, to offer program suggestions, and to assist in setting school policies. The Board is made up of representatives from the Mental Health Department, Goldsboro City Schools, Wayne County Schools, program parents, and community volunteers.

## THE PARENT VOLUNTEER STAFF ORGANIZATION

The Parent-Volunteer-Staff Organization (P.V.S.O.) functions like a P.T.A. in supporting the Community Developmental School. In addition to full membership meetings in the fall and in the spring, the group's activities include pot luck suppers, yard sales, and an information and fund raising booth at Sunday in the Park. The funds raised are used to purchase needed equipment and materials for the school.

Officers consist of parent, volunteer, and staff representatives. All volunteers are invited and encouraged to attend the P.V.S.O. meetings and to take part in its activities.

I.B.1 SCHOOL HISTORY

Originating through the combined efforts of a nucleus of community volunteers, the Developmental School had its beginning in September, 1967. Concerned over the limited availability of services to children with special needs, these volunteers began a school with funds from Church Women United and the Wayne County Mental Health Association, for ten children at the First Presbyterian Church. The program continued to operate there for five years. During that time the school enrollment rose to as many as twenty-five children who were helped by one hundred and fifty volunteers. Parents paid a nominal fee each month for the nine to twelve o'clock school day.

From the beginning, the original directors of the school envisioned having a program so successful that state funds would be awarded to assure that retarded children would have the same right to a public school education that normal children have. The efforts of these leaders culminated in the summer of 1972 in the awarding of a three year federal grant under Title III - Elementary and Secondary Education Act, in addition to a two year state mental health grant. These funds made possible the hiring of a full-time director, a special education teacher, seven aides, and a consulting speech clinician, psychologist, and external evaluator.

The Development School at the First Presbyterian Church became the Community Developmental School, a joint effort of Goldsboro City Schools and Wayne County Schools. Housed in Greenleaf School, the Community Developmental School began in August, 1972 when twenty children, ages three to eighteen, began their first public school program. Volunteers continued to serve and to play a significant role in the program as a state evaluation team report attested to the success of the program as a whole and especially to the fine volunteer participation.

With the awarding of an additional federal grant in June, 1973, the school extended its operations by increasing the school year to twelve months, by enlarging its student enrollment, by hiring seven additional aides, another special education teacher, and by expanding the services of the psychologist, speech clinician, and external evaluators.

In October of 1973 the newly expanded program of the Community Developmental School moved to Walnut Street School where students had opportunities to integrate with normal first and second graders.

The 1974-75 school year brought an additional increase in the student enrollment and the addition of a mobile unit that provided more space for the school. In the spring of 1975 the school successfully completed the rigorous evaluation process known as Validation. Because of this honor, the school was designated as a state and national demonstration site and opened its doors to a wider variety of visitors.

The Community Developmental School will continue to serve as a demonstration center for the 1976-77 school year providing visitation sessions and training workshops to interested audiences, as well as public school education for children previously excluded.

## OVERVIEW

The Community Developmental School serves children who have been identified by competent authority as being moderately, severely, or profoundly mentally retarded. Students in the program developmentally range from one (1) month to five-and-a-half (5½) years with chronological ages that may range from birth (0) to twenty-one (21) years.

Students are divided into four (4) groups according to their chronological age, overall developmental level, and individual needs. Group 1 serves students from ages 3-8 who are functioning on a young developmental level of 1-3 years and who require a good deal of individualized instruction. Group 2 is comprised of older students, ages 8 to 18 years, who are also functioning on a low developmental level which again necessitates extensive personalized and individualized instruction. The general functioning level for this group is between 1-2 years. Group 3 serves students functioning on a higher developmental level between 3-5½ years and who are showing potential for future placement within another phase of special education. This group of students is referred to as the pre-trainable class. Ages within this group may range from 4 to 10 years. A fourth classroom serves children identified as autistic or as having related communications disorders. Students in this group range in age from 5-10 years.

Students attend the Developmental School from 8:30 a.m. until 2:00 p.m., five days a week. For the past four years, the program has operated on a twelve (12) months basis. Staff are on-site from 7:45 a.m. until 3:15 p.m. daily.

In order to assure that students' individual needs are being met at their present level of functioning, a developmental based curriculum has been implemented by the staff. One of the main guides in designing and adopting this developmental approach has been the Learning Accomplishment Profile (LAP) devised by Anne R. Sanford, director, Project Outreach, Chapel Hill, North Carolina.

Using the developmental hierarchies of the LAP, a six (6) point curriculum has been set up to allow staff to concentrate on the following developmental areas:

1. Gross motor
2. Fine motor
3. Cognitive
4. Language
5. Self-help
6. Social

(See II.A - Overview of Mental Retardation - for explanation of developmental areas.)

Additionally the program staff uses commercially available materials, but in many instances, has adapted them to meet the specific needs of the students. The staff has also been involved in producing teacher-made materials.

Parental involvement in the program continues to be an important factor in the achievement level of the students. Over 75% of the parents bring their children to school, thus affording daily parental contact and immediate feedback on the school program. Additionally a mothers' group meets at school on a regular basis. During the 1973-74 school year parents organized the Parent-Volunteer-Staff-Organization (P.V.S.O.). The P.V.S.O. meets twice a year and also sponsors fund raising projects for the school. In terms of direct school involvement, several non-working mothers also serve as part of the volunteer force, working at school one morning a week.

Statistical evidence, yielded from an on-going evaluation of the school, shows that the program has been effective and successful not only in increasing the development of the children involved, but it has also increased their rate of development. Students exceeded anticipated amounts of growth with statistical significance in each of the five areas submitted for National Validation: grooming, eating, toileting, language, and personal/social.

In addition to offering on-going program services for children, the Community Developmental School also serves as a state and national demonstration site. In this role the school conducts a year round series of one-half day visitation sessions. Visitors may come to school on the second and fourth Wednesday of each month to see the program in action, examine materials, and talk with the staff. Additionally, the program conducts week-long training workshops at school to aid other agencies in organizing, implementing, or enriching program services for similar types of students.

## PHYSICAL THERAPY PROGRAM

A full time physical therapist is employed by the Community Developmental School to provide direct, regular and follow-up services to students as well as to provide appropriate training for staff and parents. Homebound pre-school and school age children are also serviced by the physical therapist through the school.

The physical therapist evaluates students in such areas as reflex and perceptual motor development, level of gross and fine motor development and for medical/physical abnormalities. Medical referrals and orders are obtained as necessary. Individual prescriptive programs are then implemented by the physical therapist who either directly leads or supervises other staff members to lead individual or small group classes for stimulation of gross motor, fine motor and perceptual motor development and to improve strength, balance and coordination. Direct physical therapy services are provided to students requiring involved therapeutic techniques. Frequent consultation with teachers and other staff members and parents assures that they understand the goals and techniques used by the physical therapist and also allows all involved workers to assist in determing appropriate educational and therapeutic priorities for the students.

Besides providing individual direct care, the physical therapist also conducts daily physical activity programs for each group of Community Developmental School students. Emphasis is placed not only on basic gross motor development and following directions, but also on perceptual motor development.

## JOINT EFFORT

Since 1972 the Community Developmental School has been jointly sponsored by both Goldsboro City and Wayne County Schools. As such, the school is considered a part of the North Carolina public schools system. Goldsboro City Schools is the administrative agency for the program that serves children from both school districts.

## FUNDING SOURCES

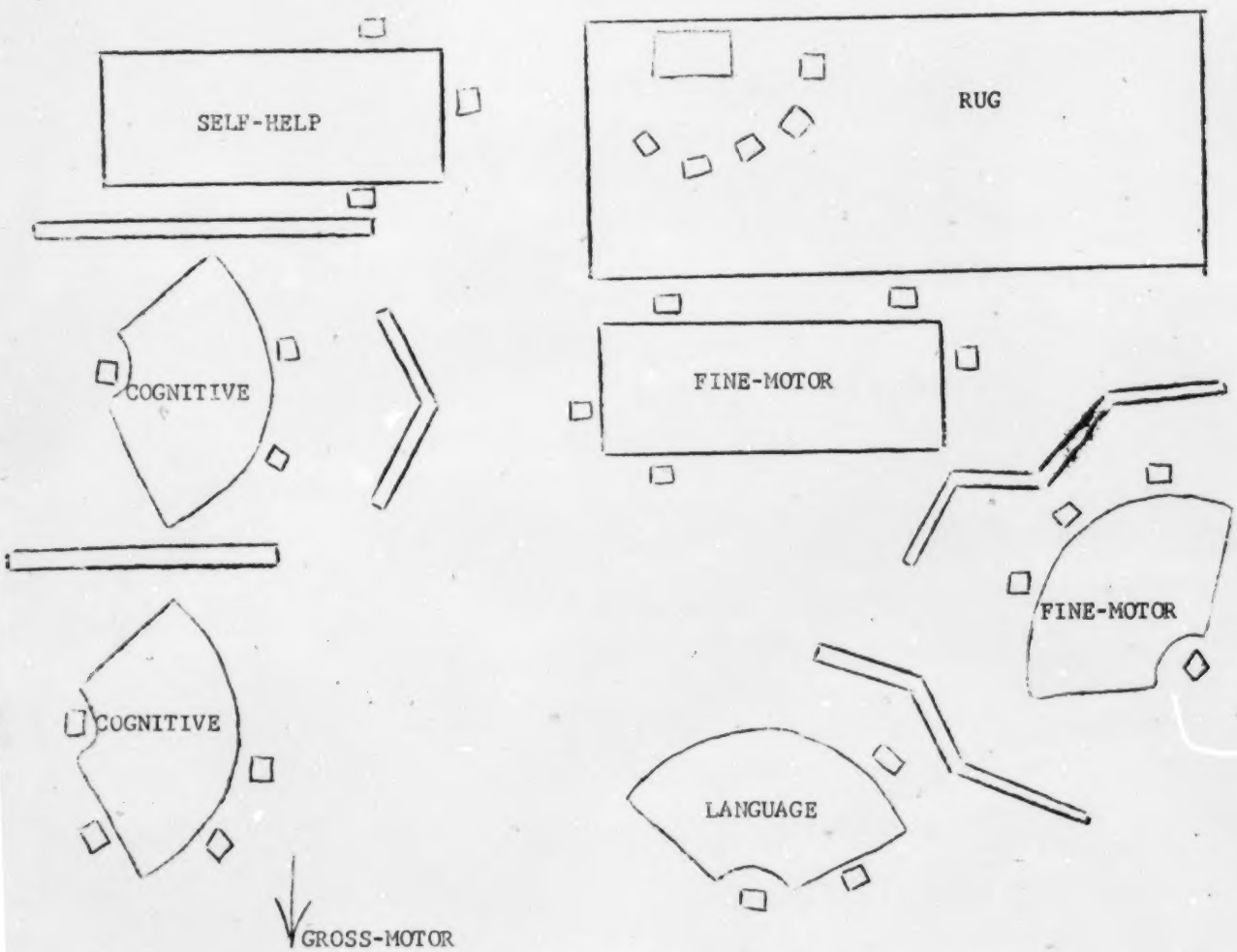
The Community Developmental School receives funds for its program operations from three sources: local, state, and federal. The bulk of funds for on-going program services are received from local sources (County Commissioners). State funds help provide teachers' and some aide's positions through a reimbursement program for the trainable mentally retarded. Federal funding is used primarily for the school's summer program and for the school's demonstration components, particularly visitation and training sessions.

# LEARNING STATIONS

In serving children whose handicaps have hindered and slowed their development, one purpose of the Community Developmental School is to assess areas where developmental lags exist and to set up appropriate curricula that will help to develop the "whole child." Of the total program activities, the daily use of the learning station concept is the most critical aspect in terms of student success.

The staff works daily on concentrated programs that deal with the six developmental areas through a teaching organization known as learning stations. These stations may be thought of as teaching zones or areas into which students move for instruction.

The term "station" was chosen because it is symbolic of a stopover for a short period of time before moving on to another place within each classroom. One staff member is assigned to each specific station area and has the responsibility of planning for, teaching, and evaluating each child or small group coming to their particular station. Volunteers may work side-by-side with project staff in running a certain station, or they may independently conduct a station. A typical classroom arrangement for learning stations follows:



After being evaluated to determine appropriate educational needs each child is programmed for the stations that are best suited to meet his needs. In this way a child may be programmed for six different stations, at six different times; or he may be programmed for a total of three stations one of which is repeated at three different times; or he may be programmed for four stations one of which is repeated twice. Each student, therefore, does not necessarily go to six different stations.

Student progress is constantly monitored to document changes in behavior on a daily basis using appropriate records and charts maintained by project staff and volunteers. The stations are organized to run in blocks of fifteen minutes, with students moving to another station at the end of a time block. The project staff has found that this fifteen minutes of concentrated work in a specific area is the maximum time limit for optimal learning for the student population at a given time.

In order to facilitate matters, copies of the stations schedule are posted in the rooms to inform workers as to when stations begin and end and in what order children will be moving to and from stations. After the teacher announces "Stations!" workers move the child/children that they were working with to the child's next station. This move takes approximately one and a half minutes to complete.

The program has found through experience that the concept of learning stations is preferable to other organizational plans for the developmentally disabled child for several reasons:

1. individualization is at a maximum
2. a structured "learning environment" is provided
3. definite routine and order is established
4. the school day is easier to organize and follow
5. paraprofessionals and volunteers can become "expert" in working in one area of development
6. workers have an opportunity to work with several children within one area of development
7. children are exposed to more workers and are not as likely to become dependent on one person
8. there is greater opportunity for carry-over (generalization) in learning
9. there is built-in time for movement because of station changes
10. periodic changes in location seem to keep attending behaviors up

While learning stations are conducted for only a portion of the total school day, all other project activities evolve around and are used to reinforce the concepts being taught during these structured times. Through participation in large and small group activities, students are given additional opportunities to use skills that they are being taught in the stations and to demonstrate observable learning carry-over.

The following is a typical example of a daily room schedule:

| | |
|---|---|
| 8:30 | Arrival |
| 8:30 - 8:45 | Song time/motorical imitation |
| 8:45 - 9:30 | Learning Stations (3) |
| 9:30 - 9:45 | Potty/Group activity |
| 9:45 -10:00 | Physical activities (group) |
| 10:00 -10:30 | Free play |
| 10:30 -11:15 | Learning Stations (3) |
| 11:15 -11:30 | Prepare for lunch |
| 11:30 -12:00 | Lunch |
| 12:00 -12:45 | Rest |
| 12:45 - 1:00 | Potty |
| 1:00 - 1:40 | Unit work/art, music, games |
| 1:40 - 2:00 | Snack |
| 2:00 | Dismissal |

The staff has found the organizing and running of the learning stations to be exciting, challenging, reinforcing, and above all - WORKING! Schedules must constantly be reviewed and changed as the children progress and their needs change. The concept, however, remains the same, and the children's progress proves that all of the planning, frustration, and work is WORTH IT!!!

I.B.4 ERROR-FREE LEARNING

The staff of the Community Developmental School uses a variety of teaching techniques with its students, including those referred to as error-free learning techniques. You will have opportunities not only to observe these techniques in practice, but to use them yourself as well. The following information has been prepared to assist you in gaining a better understanding of these teaching skills.

Teaching involves getting the child to make the correct response under the right stimulus conditions. Error-free learning is a set of teaching techniques especially useful in teaching new skills, or a new stage of learning to children who are behind in acquiring age-appropriate skills. External strategies such as error-free techniques bring about desired responses, thus saving time in the teaching process. Normal strategies, however, often involve waiting for a behavior to occur by chance before reinforcement can be given.

Error-free learning techniques structure the situation so that the child's attention is focused on the concept or idea being taught, and so that success, and consequently the opportunity for reinforcement, occurs with each trial of a task. This learning approach also eliminates failure in the early acquisition of skills and the chance that the child will discontinue or reduce efforts for a non-rewarding task. Any strategy planned specifically for the purpose of enabling the child to avoid failure is an element of error-free.

Error-free techniques

↓

Correct behavior by child

↓

Reinforcement

↓

Increased likelihood of behavior

In short, error-free learning techniques are used to create a situation in which the child succeeds every time and does not, therefore, experience failure.

The error-free learning approach consists of the use of four (4) teaching techniques with one directly linked with the careful management of appropriate materials for teaching a task. These techniques are modeling, prompting, cueing, and positive reinforcement. Often more than one technique is used in teaching a task. Whether some of the techniques available are used or not may not be determined until the task is presented and a child responds or does not respond. In this manner the actual teacher-child interaction helps determine the teaching procedures and the avoidance of failure.

Modeling is an error-free learning technique that consists of a demonstration by the teacher of the exact behavior or skill the child is expected to imitate.

Prompting is an error-free learning technique in which the teacher gives the child physical assistance in correctly completing the desired response and thus not allowing him to make inappropriate responses.

Cueing is the use of clear hints that are given to the child to aid him in giving the correct response. Some examples of variables used as cues are:

| | |
|---|---|
| size | position |
| shape | number |
| color | pointing with finger |
| texture | |

Positive reinforcement is a reward which follows a behavior and makes that behavior more likely to happen again. Two types of reinforcement that all workers can use are verbal and nonverbal reinforcers. Verbal reinforcers include praise such as "Great work," "Congratulations," and "I like the way you did that!" Nonverbal reinforcers include social reinforcement such as a pat on the back, a hug, or a handshake, and more concrete reinforcement such as bits of food, stars or tokens. Reinforcement should occur immediately after the appropriate behavior and should always be paired with a simple verbal statement about what is being rewarded.

Once skills are acquired, a child needs to always continue using and practicing them. Support through error-free techniques should be gradually faded back, but never totally removed. If a desired skill or behavior is never reinforced, even after it is mastered, it will decrease or disappear.

POINTS TO REMEMBER

1. Attention is a prerequisite to all learning.

2. Materials used in teaching must facilitate focusing attention on the appropriate concept, idea, or behavior. Do not use materials which may be confusing or unclear to the child. In other words, isolate the concept being taught before beginning.

3. Error-free techniques cannot always be planned ahead of time. Be alert to avoid failures as much as possible and to immediately reinforce success.

4. As skills are acquired, gradually reduce the support provided by error-free techniques.

Taken from: The Chapel Hill Training-Outreach Project USER GUIDE to the sound filmstrip "Error-Free Learning".

I.B.5 INFORMATION ON BEHAVIOR MODIFICATION

Behavior modification is a term you will hear in your work at the Community Developmental School. You will want to be familiar with its meaning, and be prepared to use it with students.

Behavior modification is a technique used to change existing behavior or to teach new behavior. The basic assumption in understanding behavior modification is that most behaviors, both appropriate and inappropriate, are learned. Parents and/or teachers knowingly or accidentally teach good and/or bad behaviors. In order to change inappropriate behavior, one must first study how behavior is learned as a function of its consequences. What happens after the response will increase or decrease the behavior in the future.

Reinforcement describes an event occurring after the response that increases the frequency of the response. Some examples of reinforcers are:

1. social - a verbal statement or physical gesture after a child's response that shows you like what he did
2. food, candy, gum, drink, etc.
3. toys, puzzles, tokens, special privileges

To use positive reinforcement effectively, reinforcement must follow behavior. Be sure the reward does not precede the behavior you want. Reinforcement should immediately follow the desired behavior; do not wait, even 15 seconds, to reinforce a desired behavior that has rarely occurred previously. When initially increasing a behavior reward all of the time; then gradually move to reinforcing just some of the time when the behavior has increased in frequency. Reward for improvements. For example; if a child rarely sits quietly, reward him for being quiet for perhaps thirty seconds, then gradually increase the length of time he must be quiet in order to get the reward. Do not take good behavior for granted -- REWARD. To increase desirable behavior, reinforce the behavior you want and ignore the behavior you do not want. Make rewards fit the individual by observing the person and asking "What is rewarding for this person?"

Punishment describes an event occurring after a response which decreases the frequency of the response. One kind of punishment, hitting or criticizing a child, is discouraged for several reasons:

1. A child may learn to avoid or escape those people who inflict punishment on him, especially physical punishment. We want the reverse of this; we want the child to approach us. Other ways of avoiding are cheating and truancy.
2. A child may learn to be aggressive by watching parents and teachers who hit, slap, kick, or shove.
3. Physical damage may be caused.
4. Punishment alone will not change the behavior we want to decrease in frequency.

Another kind of punishment is removing an event after a response; turn the T.V. off, turn away from the child, put him in a quiet room. This is called "time out from positive reinforcement", or simply "time out."

Suggestions for using punishment effectively are:

1. Precede punishment with a verbal warning. Reward the child for heeding a verbal warning if he stops what he was not supposed to be doing.
2. Punish immediately -- not even a minute later.
3. Always punish behavior you want decreased. BE CONSISTENT.
4. Punish in a calm manner and do not say you are sorry you are punishing.
5. Be sure the child knows not only what behavior you do not want, but also what behavior you do want.

It may be necessary to break a desired behavior down into a series of smaller steps or responses in order to help the child obtain the desired behavior or goal. These steps must be clearly identified and carefully sequenced so that the child receives reinforcement for each step successfully completed toward the final goal. For example, if the child's goal is to touch a red object when the teacher says, "Touch red", then the teacher first guides the child's hand to make the correct response. As soon as the child's hand touches the red object, the teacher say "That's right" and gives the child a reward. She repeats this as many times as needed, then guides the child's hand close to or directly over the object as she gives the verbal cue, but lets the child make the final touching response. Next, the teacher may guide the child's hand only to the top of the table, gradually using less and less prompts. This builds success into the learning experience.

Other ideas and more information about behavior modification will come during volunteer training sessions and through working with staff members in the classrooms. Volunteers who wish to pursue the subject may refer to Living with Children amd Parents are Teachers, several copies of which are available from the school library.

## SECTION II. INFORMATION ON MENTAL RETARDATION

## II.A OVERVIEW OF MENTAL RETARDATION

The American Association on Mental Deficiency has defined mental retardation as "significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period." The phrase "...deficits in adaptive behavior..." implies that something is wrong with the child's (a) maturation, (b) learning and/or (c) social adjustment. The developmental period refers to the period of time from birth to sixteen years.

Educable and trainable are terms that are often heard and associated with the retarded, especially in regards to public education for the retarded. The educable retarded are generally thought of as those children or youth who are experiencing failure in school and whose I. Q.'s are between 50 - 80. The educable child (1) does have the ability to acquire educational, personal, social, and vocational skills that will lead to independence in adulthood and (2) is able to acquire and meaningfully use basic academic skills.

The trainable mentally retarded have noticeably less general mental ability--I. Q. usually below 50--, are unable to profit from traditional school programs in acquiring useful academic skills, and always require economic and social supervision. The trainable retarded person may (1) achieve a mental ability approximately equal to that of a four to eight year old child, (2) develop physical abilities that may approach that of a normal child, (3) achieve self-care skills, (4) learn simple social skills for home and neighborhood functioning, and (5) learn tasks in a supervised work activities center. Although this group as a whole has certain characteristics and limitations in common, there will be considerable variation in the levels of adequacy attained in the areas of self-care, social adequacy and economic skill training. 30% to 50% of this group has Down's Syndrome or Mongolism.

The Community Developmental School has a program for moderately, severely, and profoundly mentally retarded children. The moderately retarded group (I. Q. 30 to 50) roughly corresponds to the trainable group mentioned above. Severely retarded persons are those with an I. Q. of 20 to 35 who are very likely to have sustained neurological damage, further restricting their social behavior. This group usually needs special training in learning to talk and in acquiring self-care skills which require careful, prolonged and supervised practice. Very little independent behavior is observed and indifference and apathy are frequent. The profoundly retarded --I. Q. below 20-- are frequently very restricted in their ability to move about and usually cannot care for themselves. Many have sustained severe neurological damage and are confined to a bed or a wheelchair. The profoundly retarded may learn to walk and may acquire some self-help skills, but total supervision is required.

In providing educational and training opportunities for moderately, severely, and profoundly retarded children, the Developmental School's program involves working with the children in six developmental areas:

Gross motor -- area of development involving the use of large body muscles in such activities as walking, crawling, throwing, etc.

Fine motor -- area of development involving the use of small muscles in such activities as tying, lacing, stacking, writing, etc.

Language -- a. expressive language--language development that enables a child to communicate with and express himself to others

b. receptive language--area of language development in which the child is able to receive verbal input and in turn demonstrate that he understands what he has received (i.e. when a child is asked to perform a task and he does so)

Cognitive -- area of development dealing with the child's acquisition of knowledge about himself and environment

Self-help -- area of development dealing with a child's ability to look after his own needs and to function independently (i.e. dressing, feeding, toileting, etc.)

Social ---- developmental area dealing with a child's interaction with his peers and others in his environment and in his assumption of responsibilities within his environment

## II.B KINDS OF HANDICAPS

The following types of handicaps are like some that volunteers may observe in the children. These are very general descriptions, but they will serve to acquaint you with terminology that is sometimes used in the classroom. Although the list is not all inclusive, it does include the majority of the kinds of disabilities and/or handicaps seen at the Developmental School.

1. Down's Syndrome or mongolism -- in 1959 the "genetic accident" named mongolism was attributed to the presence of an extra chromosome; the incidence of the syndrome increases with maternal age so that for women over 35 the risk is as high as one in 150 births. Symptoms of this condition vary among individuals, but some similar characteristics are:

   a. intellectual impairment usually in the severe or moderate range of retardation - below 50 I. Q. range

b. small skull, underdeveloped nasal bones which result in a flat bridge and shallow, small, egg-shaped eye sockets; eyes often slanting; small chin and ears

c. such eye abnormalities as poor vision, irregular pigmentation and inflammation with occasional cataracts

d. delay in eruption of teeth; small teeth in abnormal and close alignment

e. short, broad neck with loose skin at sides

f. short, broad, flat, square hands and feet

g. large, grooved tongue protruding from a small mouth

h. skin lacking elasticity, hanging loose

2. Cerebral Palsy -- a condition damaging the cells in the brain which control voluntary muscles and usually occurring within the womb or during birth. The number of damaged cells, their location in the brain, and the developmental stage of the child affect the severity of the damage. This sort of damage can often cause visual, auditory, perceptual, and intellectual handicaps.

50% of children with cerebral palsy are the type known as spastic. The spastic child has muscles which are typically stiff, with very strong resistance to voluntary movement and the range of movement is very limited. Explosive and jerky movements are often complicated by frequent contractures and involuntary responses to stimulation.

Athetosis is a type of cerebral palsy involving involuntary movement of voluntary muscles. Although the child has no difficulty in moving the voluntary muscles, the predictability of the movement is difficult. About 20% of all persons with cerebral palsy have this type.

A third type of cerebral palsy is ataxia, with the child being affected by a loss of balance sense and posture position. Thus, attempts to reach for an object are marred by difficulties in determining where body parts are as they reach. Only 10% of cerebral palsied children are termed ataxic.

The other 10% of cerebral palsied persons are termed rare or mixed cases. Retardation associated with cerebral palsy can be mild or severe. Some cerebral palsied persons can lead normal lives, especially intellectually.

3. Hydrocephaly -- a skull malformation characterized by increased cerebrospinal fluid within the skull that produces an enlargement of the cranium. It occurs as the result of prenatal factors, birth trauma, or postnatal injury, tumor, or infection. The cranium expands in a globular shape so that the eyes become very widespread and the bridge of the nose is flattened. Some visual impairment follows, as well as epilepsy and spastic paralysis of the lower limbs. Some hydrocephalics can participate in normal activities and sustain only mild intellectual handicap.

4. **Autism** -- an emotional disturbance which has numerous features:

   a. the child has little interest in his environment, loss of contact with the world of reality, preoccupation with an inner imaginary world

   b. irregular, awkward, immature, bizarre motor functioning characterized by rotating or whirling play

   c. inability to form close ties with other persons, fear states, panic, bewilderment, apathy, anxiety are all characteristic

   d. language is fragmented, disorganized, bizarre and in very early years, many children appear mute

   e. some children are withdrawn and regressed; some show classical neurotic symptoms as phobias, compulsions, effusive histrionics; some appear delinquent, rebellious, persecuted, cruel, or dangerously destructive

   f. in motor behavior, some autistic children are agile and graceful, or tense and awkward, some are in constant motion while others are immobile

5. Brain-injured or brain-damaged -- injury to intact brain cells through any process or event which occurs after conception and which either destroys or permanently disorganizes functioning cell systems of the brain. Difficulties with language, speech, visual and auditory perception, rhythm, laterality, learning, concept formation, and retention are common. Other symptoms are excessive activity, distractibility, short-lived aggressive and destructive behavior, poor controls, and heightened variability.

   a. anoxia -- an insufficient oxygen supply in the cells of the brain at any time during the life cycle which results in cell death and irreparable damage; anoxia is possible during the birth process if the placenta is detached too soon, if the umbilical cord kinks, or if the cord becomes wrapped too tightly around the baby. Some impairments are only slight in anoxic babies.

   b. postnatal hazards -- blows to the head, asphyxiation, toxins, tumors, diseases, and metabolic errors are other causes of brain damage.

6. Reye's Syndrome -- a condition characterized by an accumulation of excess fluid in the brain associated with fatty degeneration in the liver or kidney which generally affects children. R. D. Reye and coworkers brought attention to this condition in 1963. Reye's Syndrome is associated with a number of viral infections including influenza. Survivors demonstrate effects that range from no long-term consequences to severe malfunctioning in sensory, motor, and mental areas.

7. Epilepsy -- a number of disorders of the nervous system caused by temporary buildups of excessive electrical charges in some nerve cells of the brain. Epilepsy can result from defects in the brain, brain injury before, during, or after birth, head wounds, chemical imbalance, poor nutrition, some infectious diseases, brain tumors, and some poisons; but sometimes the cause cannot be found.

Three common types of seizures are (1) grand mal, (2) petit mal, and (3) psychomotor or temporal lobe.

Grand mal seizures last possibly a minute or more and can occur one or more times daily, weekly, monthly, or annually. The victim loses consciousness, and usually falls to the ground, with general convulsive movements of most or all of the body. Afterward he is generally confused or drowsy and may sleep for several hours.

Petit mal, most common in children, usually lasts from 2 to 20 seconds, and may occur many times within an hour. Brief loss of consciousness occurs which may be accompanied by staring or twitching of the eyelids. The patient is seldom aware he has had a seizure.

Psychomotor seizures, a condition characterized by purposeful motor and/or psychic activity which is irrelevant for the time and place, can occur at any age. They have the most complex pattern of behavior, including such activities as chewing and lip-smacking, staring and confusion, abdominal pains and headaches, changes in color perception, spots before the eyes, buzzing and ringing in the ears, dizziness, fear, rage, anger, and following the seizure, sleep. The seizure may last from a minute to several hours. After the attack, the patient is unable to remember what happened.

II.C SUGGESTED READING FOR VOLUNTEERS

Copies of these and other books are available in the school library.

1. The Mentally Retarded Child: A Psychological Approach by H. B. Robinson and N. M. Robinson. This book is the source for most of the information about mental retardation and types of handicaps briefly explained in this handbook. It contains a wealth of facts without being too technical as it discusses syndromes, theoretical approaches to mental retardation, psychodiagnosis, and education, psychotherapy, and special problems of the retarded child.

2. The Brain-Injured Child in Home, School, and Community by William Cruikshank. The author describes the psychological and learning problems of the brain-injured child, recommends certain diagnostic procedures, suggests materials and activities at home and at school, and discusses techniques for handling children.

3. David by Nancy Roberts. The author tells the story of the arrival acceptance, and early childhood of her son who has Down's Syndrome or Mongolism. Pictures and text capture the warmth and love of these parents for their child.

4. If Your Child is Handicapped by William C. Kvaraceus and Nelson Hayes. Forty-six parents write their personal stories of their retarded, cerebral palsied, orthopedically handicapped, deaf, blind, or emotionally disturbed children. Especially informative and inspirational.

5. Answers to Questions Parents Ask by Arthur and Clabby Attwell. The format of this book makes reading easy; it is most helpful for those who work with severely retarded children.

6. Living with Children by Gerald R. Patterson and M. Elizabeth Gullion. Subtitled New Methods for Parents and Teachers, this book "is essential to anyone who wishes to humanize social contacts with children and to maximize the potential for mutual benefit of both adults and children in a social environment."

7. Parents are Teachers by Wesley C. Becker. With its true-to-life anecdotes, this book helps the parent understand that he is a part of a behavioral environment; also, it shows him how to manage the consequences of behavior for a desired behavioral goal.

8. Periodicals: "The Exceptional Parent" and "Children Today".

   These two magazines offer a variety of articles written by parents, professionals, and even handicapped individuals dealing with a cross-section of handicaps and problems. The articles are both informative and practical, often offering concrete suggestions for all those interested in the welfare of exceptional children.

9. A copy of the Learning Accomplishment Profile (LAP) may also be borrowed from the library. In addition to the LAP, the new Learning Accomplishment Profile for Infants has recently been added to the library shelves. The LAP and the Infant LAP are the evaluation instruments that guide the staff in developing the children's curriculum programs.

# SECTION III. VOLUNTEER PROGRAM

III.A VOLUNTEER JOB DESCRIPTIONS

The following job descriptions and projects are designed to give you an overview of the various program activities in which individuals and groups can be involved. Volunteers are not expected to perform all of the activities listed within the job classifications. Projects and activities are not limited to those outlined here; we are open to your suggestions.

I. Volunteer Program Assistants

A. Group I Volunteer

Number of volunteers needed: 3 - 4 per day
Time involved: one or more mornings per week
Purpose: To assist in a classroom for developmentally young moderately and severely retarded children, ages 3 - 8.
Activities: Conduct individualized instruction in fine motor, gross motor, language acquisition, or self-help stations; record behaviors and responses; prepare and assist with snack; help prepare instructional materials; and assist at free play, lunch, and toileting.

B. Group II Volunteer

Number of volunteers needed: 3 - 4 per day
Time involved: one or more mornings per week
Purpose: To assist in a classroom for multi-handicapped, severely and profoundly retarded children, ages 8 - 18, functioning on a young developmental level.
Activities: Assist at lunch, group socialization, toileting; encourage interpersonal relationships; and conduct individualized instructional activities in three learning areas: sensory stimulation, physical independence and problem solving (ability to move within the environment), and environmental awareness or functioning as independently as possible.

C. Group III Volunteer

Number of volunteers needed: 2 - 3 per day
Time involved: one or more mornings per week
Purpose: To assist in a classroom for moderately retarded, "pre-trainable" children, ages 5 - 12
Activities: Conduct individualized instruction in fine motor, gross motor, or self-help stations; conduct correlated learning activities; record behaviors and responses; prepare and assist with snack, free play, and toileting; and help prepare instructional materials.

D. Autistic Group Volunteer

Number of volunteers needed: 1 - 2 per day
Time involved: onr or more mornings per week and at least one afternoon per month for field trips
Special qualification: Understanding of and willingness to cope with inappropriate acting-out behaviors
Purpose: To assist in a classroom for school-age autistic children, ages 5 - 12.

Activities: To assist and conduct individualized instruction in fine motor, cognitive, language, self-help, and gross motor activities; prepare and assist with snacks, toileting, and other group activities; and prepare instructional materials.

II. Other Volunteer Opportunities

A. Big Brother/Big Sister Volunteers

Number of volunteers needed: unlimited

Time involved: Flexible; usually ½ hour per week between 11:30 a.m. - 2:00 p.m.

Purpose: To provide interpersonal relationships, training for Special Olympics, and recreational activities for children in Groups 1, 2, and 3.

Activities: Ballgames, conversations, and various play and physical activities.

B. Art Volunteer

Number of volunteers needed: 1 or 2

Time involved: Flexible

Purpose: To serve as a resource person in developing, preparing, and/or carrying out art activities in the classrooms.

Activities: Prepare instructional materials and simple art activities, art work for newsletter, and arrange childrens' art work on school bulletin boards.

C. Music Volunteer

Number of volunteers needed: 1 or 2

Time involved: ½ hour per week

Purpose: To serve as a resource person in developing and preparing music related activities

Activities: Play musical instruments; conduct group musical and motor activities such as rythym bands, songs, and marching; assist in developing and carrying out school programs

D. Office Volunteer

Number of volunteers needed: 1 or 2

Time involved: Flexible

Purpose: To assist the staff in office activities

Activities: Typing; correlating, assisting with handbooks, newsletters; preparing for visitors; and helping with the library.

E. Special Events Recorder

Number of volunteers needed: 2 or 3

Time involved: Occasional

Qualification: Know how to use instamatic and polaroid camera

Purpose: To assist in documenting school events and in public relations activities

Activities: Provide a history of the school year by maintaining the school scrapbook, taking photographs on field trips, at parties, and other school activities, and collecting news items; assist with news releases and other public relations activities.

Group and Individual Volunteer Projects

1. Plan and conduct parties for children - Halloween, Thanksgiving, Christmas, Valentines, Easter, Cookouts, etc.

2. Plan and provide monthly birthday parties for children.

3. Collect materials such as magazines, craft items to use at school.

4. Make items needed by school such as pillows, bean bags, curtains, slip covers, etc.

5. Fund raising projects to purchase additional school equipment and supplies

6. Miscellaneous donations - items for volunteer nursery, use of swimming pools, etc.

7. Repair broken equipment

8. Donated services of professionals

9. Assist with field trips and off-campus activities such as swimming and the Special Olympics

III.B VOLUNTEER TRAINING

Near the beginning of the fall and summer terms, the Community Developmental School holds volunteer rallies to acquaint interested people in the community with its program. These orientation sessions include a slide/tape presentation and a tour of the school facilities, preferably when the children are in school so that the prospective volunteers will have a more realistic conception of the learning process.

Because new volunteers have widely varying degrees of experience and education, some homogeneous training in the principles of special education is essential in order to provide consistency for the children, and to assure a measure of success for the volunteer. In a morning workshop, volunteers are introduced to principles and techniques used in the classrooms. Learning Stations, behavior modification, the Learning Accomplishment Profile (LAP), error-free learning, and other tools for working with the children are explained and demonstrated through films, video tapes, role playing, and discussions.

Following the workshop, volunteers go into the classrooms for observation and on-the-job training. Usually after two or three mornings, the new volunteer feels confident in his/her ability to work directly with the students.

Mini-workshops are held throughout the year whenever five new volunteers have joined the program, or when additional in-service training is indicated.

III.C IDEAS AND SUGGESTIONS FOR VOLUNTEERS

Your volunteered time is essential to the success of the school program. To make the time you spend here give you the greatest measure of satisfaction, it is necessary that the children progress. The following suggestions will help you and the children derive maximum benefit from the time you spend with them.

1. Discipline is necessary to give all children a sense of security and a framework in which to develop. It is especially vital that a retarded child knows discipline since his world has many unstable factors. He needs to know there are definite do's and don't's in the world to which he is trying to adjust.

2. Be consistent with the children. Say "No" only if you intend to carry through and have the child obey. Be sure the undesirable behavior brings a "No" every time the child performs it.

3. The child may use many methods to avoid a given task. He may verbalize, resist, cry, scream, giggle, develop aches and pains, etc. Avoid giving verbal attention to these behaviors; rather, ignore them and work right through them. Remain task oriented.

4. Speak in a normal tone of voice, using the child's first name before each request or command. Be at eye level with the child, turning his face if necessary to establish eye contact. Use short concise sentences and check with teachers or aides about specific word commands.

5. Wait after giving a command to allow the child time to understand. Repeat the command only once. If he hasn't responded, move the child through the task.

6. When it is necessary for more than one person to work with a child, only one of the workers should give the commands or directions to avoid confusing the child.

7. When you first arrive at your work area, check with the teacher or aides to see what goals have been set. Read through the daily lesson plans and evaluation sheets before beginning to work with your children.

8. When a child is working at a table, have the chair at a height comfortable for him and encourage him to put his hands on the table only when he needs to use them. A command familiar to most of the students at school is "Hands in la "

9. Always ask teachers or aides when you are in doubt about behaviorial management. They cannot anticipate your questions about daily goals or behavior and you cannot know all things about all children. Teachers and aides may offer constructive suggestions, not to criticize, but to help increase your effectiveness with the children.

10. While working with the children, avoid social conversations; limit your conversations to school-related activities.

11. You are responsible for the child/children assigned to you. Do not leave him/her alone without asking someone to take over for you.

12. Do not concentrate on correcting a child's articulation (his pronunciation); do encourage any attempts at verbalization.

13. As with normal children, avoid discussing the child's physical appearance, his abilities or lack of them in his presence; do not assume that the child cannot hear or understand you.

14. Do not discuss a child's problems or progress with parents. A simple "He seems happy" or "He enjoyed the activities" is sufficient. Please refer any questions to the teacher, aides, or the director.

15. Whenever information of a confidential nature is revealed to you either accidentally or for purposes involved in your work with a child, treat such information with the utmost of discretion. Confidential information is not considered as general knowledge to be bandied about, as that would damage the image of professionalism that the school wishes to project.

16. Your ideas, feelings, and suggestions are welcome. Please contribute whatever will serve the children best. If you know of families who you feel could use the services of the school, please contact the school director.

## III.D QUESTIONS AND ANSWERS ABOUT VOLUNTEER ACTIVITIES AND PROCEDURES

1. What are the school hours?

   During the regular term the school day for students begins at 8:30 a.m. and ends at 2:00 p.m. In the summer the school operates on a shortened schedule. The office is open from 7:30 a.m. until 4:00 p.m. daily, and the staff is at school from 7:45 a.m. until 3:15 p.m.

2. What time should I be at school?

   You will need to be at school by 8:45 a.m. in order to have 15 minutes to read over the daily lesson plans, evaluation sheets, and other charts and records that provide information for working with the children. Your promptness insures that you will be ready to begin work in the rooms by 9:00 a.m.

3. How long should I plan to stay at school?

   Volunteers generally spend the morning at school, leaving around lunch. In some classrooms, volunteers are needed to help with lunch which begins at 11:30. You are welcome to eat lunch in the school cafeteria if you so desire. The food is catered by William Street School, so you must notify our secretary by 9:00 a.m. if you plan to eat with the children. Adult lunches cost 60¢ with milk and children's lunches cost 45¢. The lunch menu is posted weekly in the office.

4. If I will be late or absent on my assigned day, whom do I inform?

   If you know in advance that you'll be late or absent, you may call the coordinator of volunteers during school hours at (735-8450) or at home (734-1363) after school hours. Calling in advance allows time for arranging for another volunteer to substitute for you so that the children you work with will not fall behind.

5. Where should I park my car while at school?

   You may park in the staff parking area behind the school (see attached map in appendix). Please avoid parking on the playground or blocking the trash collection box.

6. What kind of clothing should I wear?

   Casual clothing (slacks, jeans, low heeled shoes) is the most comfortable and the most practical clothing to wear.

7. Who may use the free nursery?

   All volunteers are welcome to use the nursery for their infants and pre-school age children. Because school vacation schedules sometimes differ, you may also occasionally need to bring young school-aged children as well.

8. What will I need to bring to the nursery for my child?

   The nursery is equipped with a crib, a playpen, and play materials. In addition, the school provides a mid-morning snack; but you will need to bring diapers, a plastic bag for wet diapers, bottles of milk or juice, a paint smock, etc. The nursery worker will appreciate any information that will contribute to your child's adjustment and happiness in the nursery.

9. Where may I keep my personal belongings?

Coats may be hung on the coat rack beside the volunteer bulletin board or in the room in which you work. Pocketbooks should be kept with you or in one of the school offices.

10. Where will I find my name tag?

You will find your name tag on the volunteer bulletin board. Plan to wear it each time you come and replace it on the bulletin board before leaving the school.

11. Where is the volunteer bulletin board?

The bulletin board is located in the auditorium hallway, near the rear entrance. Name tags, announcements, recent photographs, newspaper articles, a monthly calendar of events, and other information of interest to volunteers are posted on the board. Volunteers should review the information posted in order to keep abreast of school happenings.

12. How will I learn about newly planned school activities?

Regularly scheduled vacations are listed on the school calendar at the beginning of the handbook, and monthly activities including field trips are shown on the volunteer bulletin board. In addition, each time you are at school you will want to check your information cubicle located in the coordinator of volunteers' office for notices and messages.

13. Are there other sources of information about school activities?

The school publishes a quarterly newsletter filled with the students' activities and achievements, staff and volunteer biographies, library reports, messages from the director, and news about volunteers and supportive school groups. Volunteers are encouraged to contribute to the newsletter and may still receive copies when they leave the program by giving a forwarding address to the coordinator of volunteers. There are several school scrapbooks on display in the staff/volunteer lounge. They provide a history of the school through news articles and photographs.

14. How often will we go on field trips?

The children usually go on several field trips each month. Because these activities follow no regular schedule, you will be notified in advance if a field trip is planned and if additional volunteers will be needed.

15. What is expected of me when visitors are in the classes?

Because the Community Developmental School is serving as an ESEA Title IV demonstration site, people from other school agencies will be visiting our program at various times during the school year. They may ask questions about activities in the classroom. Your cooperation in carrying on as you would normally and referring any questions you cannot answer to the staff members will be greatly appreciated.

16. Where is the telephone located?

Volunteers may use the telephone in the secretary's office or in the coordinator of volunteers' office. The number is 735-8450.

17. May I smoke at school?

It could be dangerous to smoke around the children. (Smoke only in the lounges.) It is also best to refrain from chewing gum or eating around the children.

18. Where is the lounge located?

The volunteer/staff lounge is located next to the nursery and across from the school's kitchen area. For your convenience coffee and cokes are available there, and snacks may be purchased in the office. Another lounge with a bathroom is located on the second floor. (See school maps in the Appendix.)

19. Do volunteers have a break time?

We encourage you to take a 15 minute break at a time convenient with others in your room. This gives you an opportunity to get to know each other and to relax in the lounge.

20. Where is the school library?

The Community Developmental School has established a small library of books dealing with mental retardation and other developmental disabilities, for volunteers, parents, and staff to use. It is located in the downstairs volunteer/staff lounge. Books may be checked out for two weeks by filling in the borrower's name on the card in the book and placing it in the file box according to book title.

Donated books are gladly accepted.

21. What should I do in case of a fire drill?

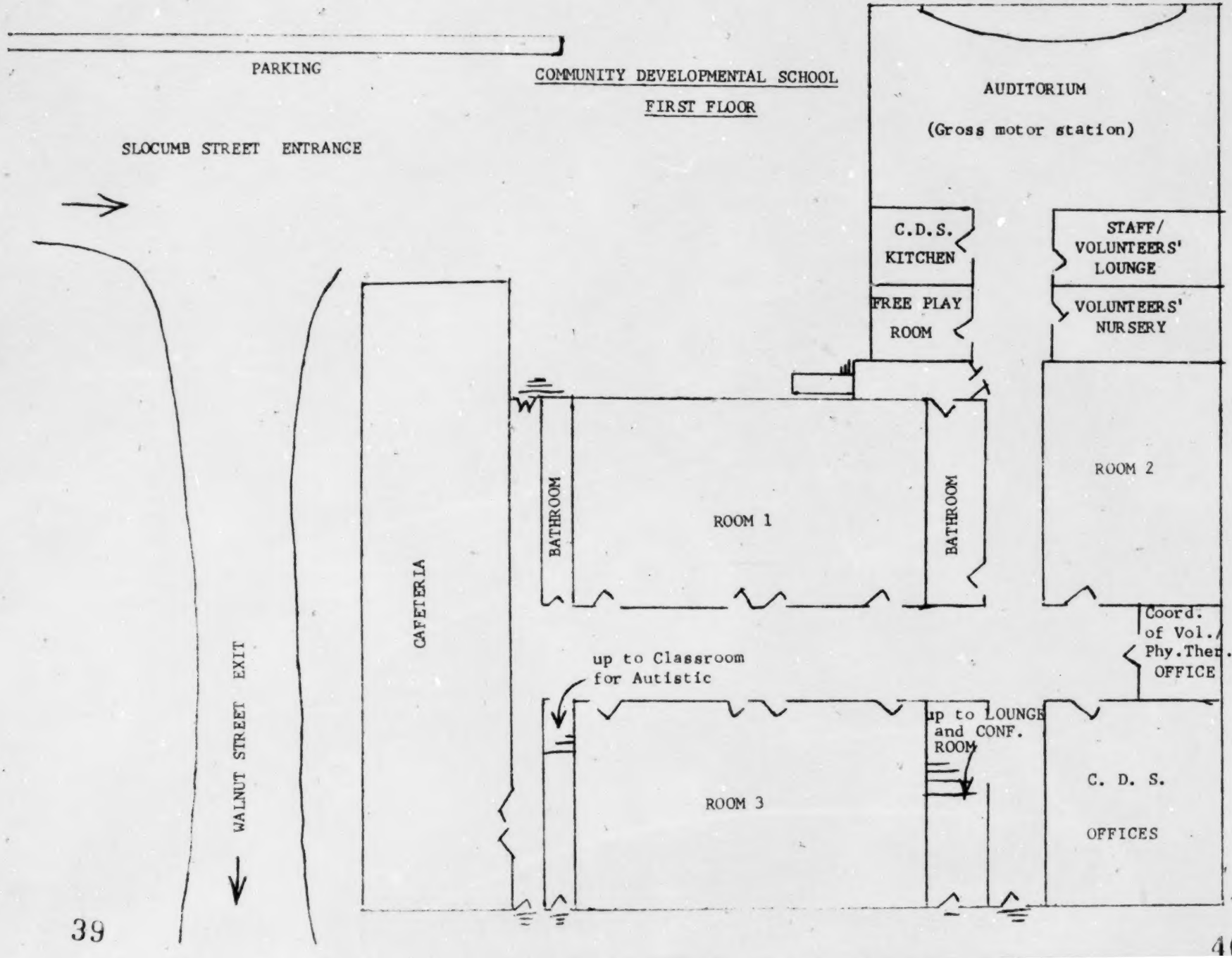
The signal for fire drills and to evacuate the building will be a long blast of the Falcon Horn over the intercom or the continuous ringing of the bells. The signal to return to the building will be one short blast of the Falcon Horn or one long ring of the bells.

Evacuation routes for each classroom are posted in the rooms and on the school map. These should be studied carefully so that volunteers will be able to be effective in assisting staff in moving students out of the building. The nursery worker is responsible for moving children out of the nursery. (Refer to Evacuation Maps in Appendex)

22. May I change my volunteer assignment?

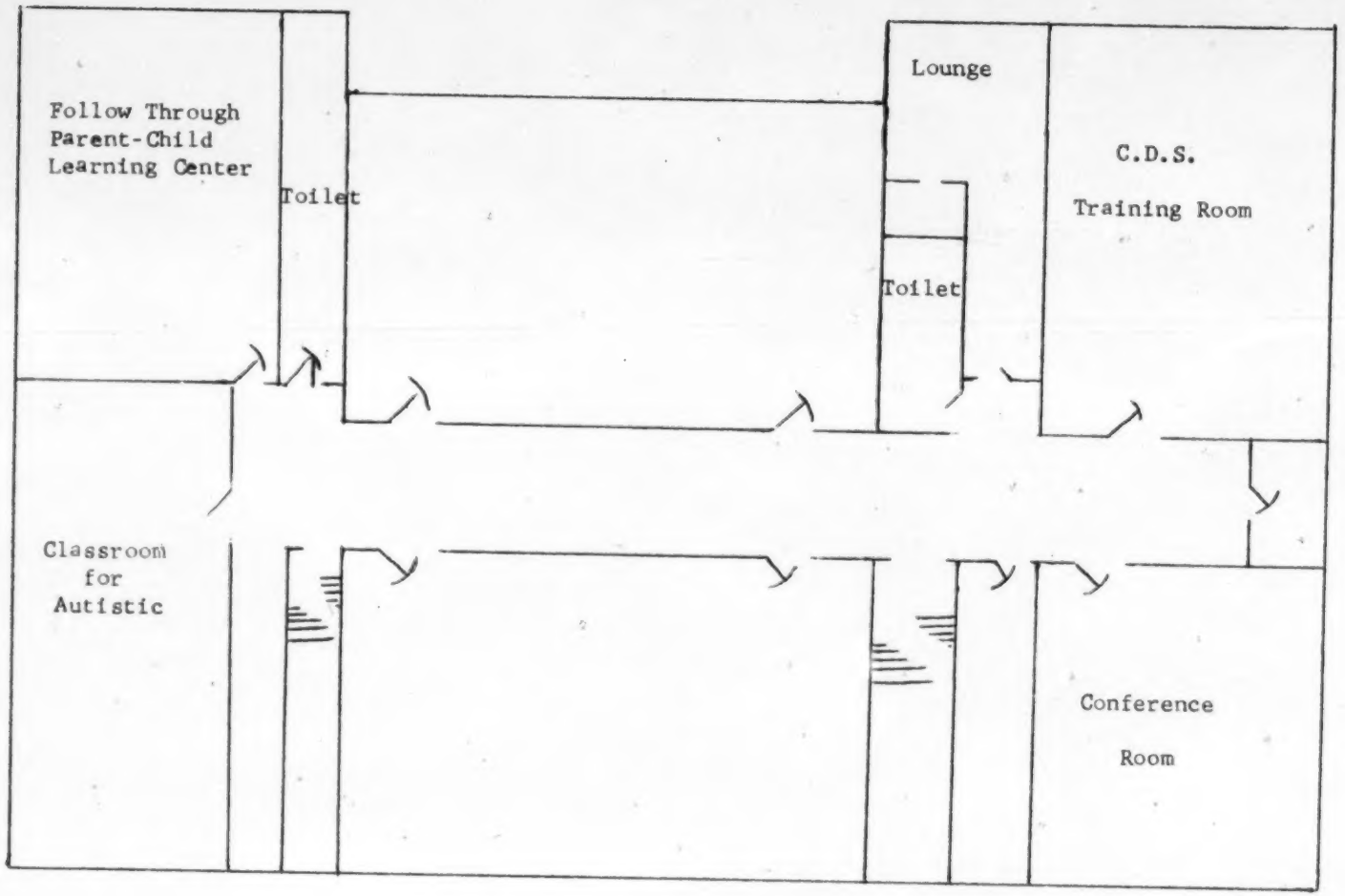
If you find your volunteer assignment inconvenient or if you are uncomfortable in your work, please discuss with the coordinator of volunteers a change in day or days, child, work area, or group. Your time and service are so valuable to us that we are glad to find another place for you. The coordinator of volunteers is responsible for all volunteer contacts and concerns; she works closely with the director, teachers, and aides in determining volunteer needs. Volunteers are responsible to her in fulfilling the terms of the volunteer contract.

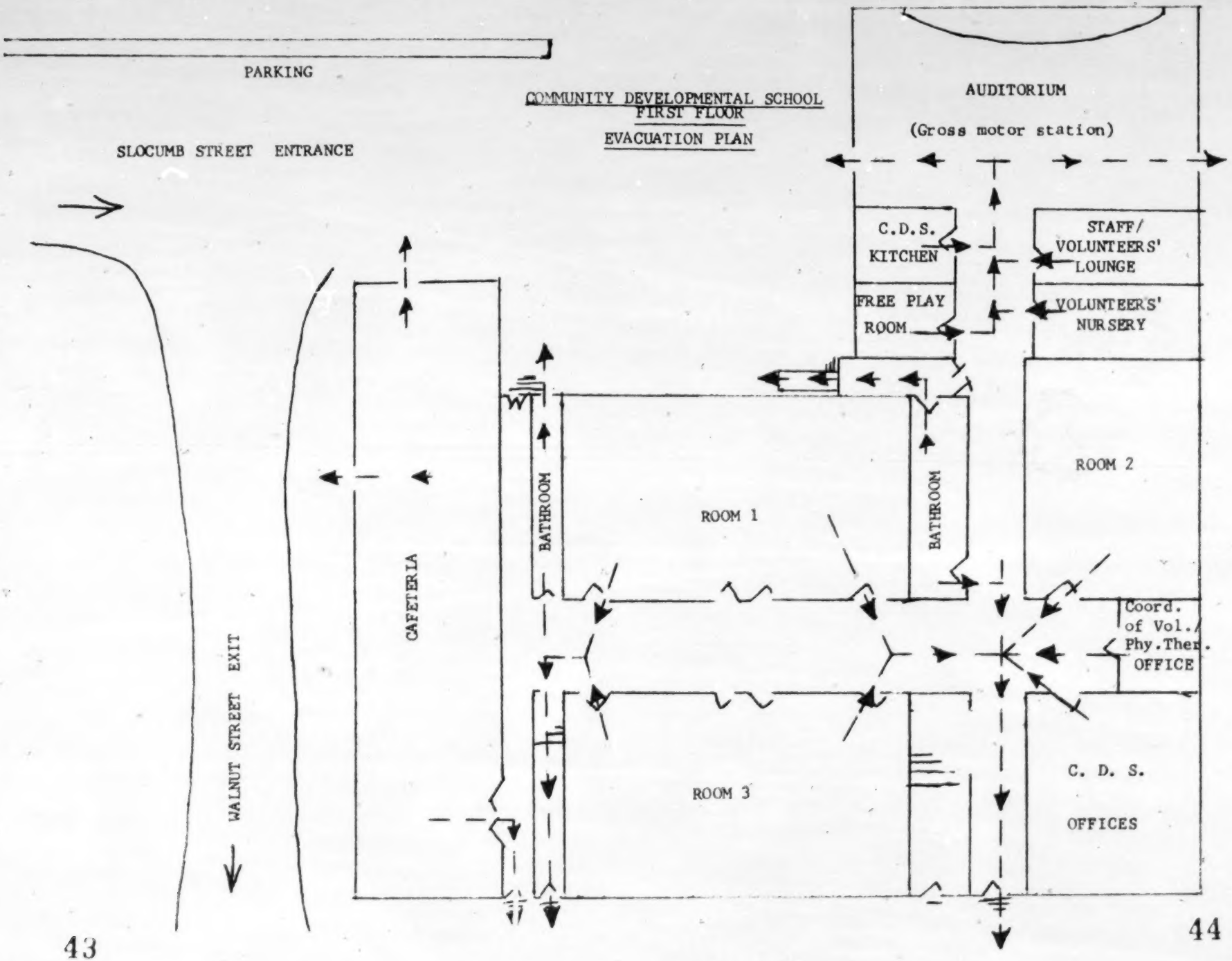
## SECTION IV. APPENDIX


PARKING
COMMUNITY DEVELOPMENTAL SCHOOL
FIRST FLOOR
AUDITORIUM
(Gross motor station)
SLOCUMB STREET ENTRANCE
C.D.S. KITCHEN
STAFF/ VOLUNTEERS' LOUNGE
FREE PLAY ROOM
VOLUNTEERS' NURSERY
CAFETERIA
BATHROOM
ROOM 1
BATHROOM
ROOM 2
Coord. of Vol./ Phy.Ther. OFFICE
up to Classroom for Autistic
up to LOUNGE and CONF. ROOM
ROOM 3
C. D. S. OFFICES
WALNUT STREET EXIT

COMMUNITY DEVELOPMENTAL SCHOOL

Second Floor

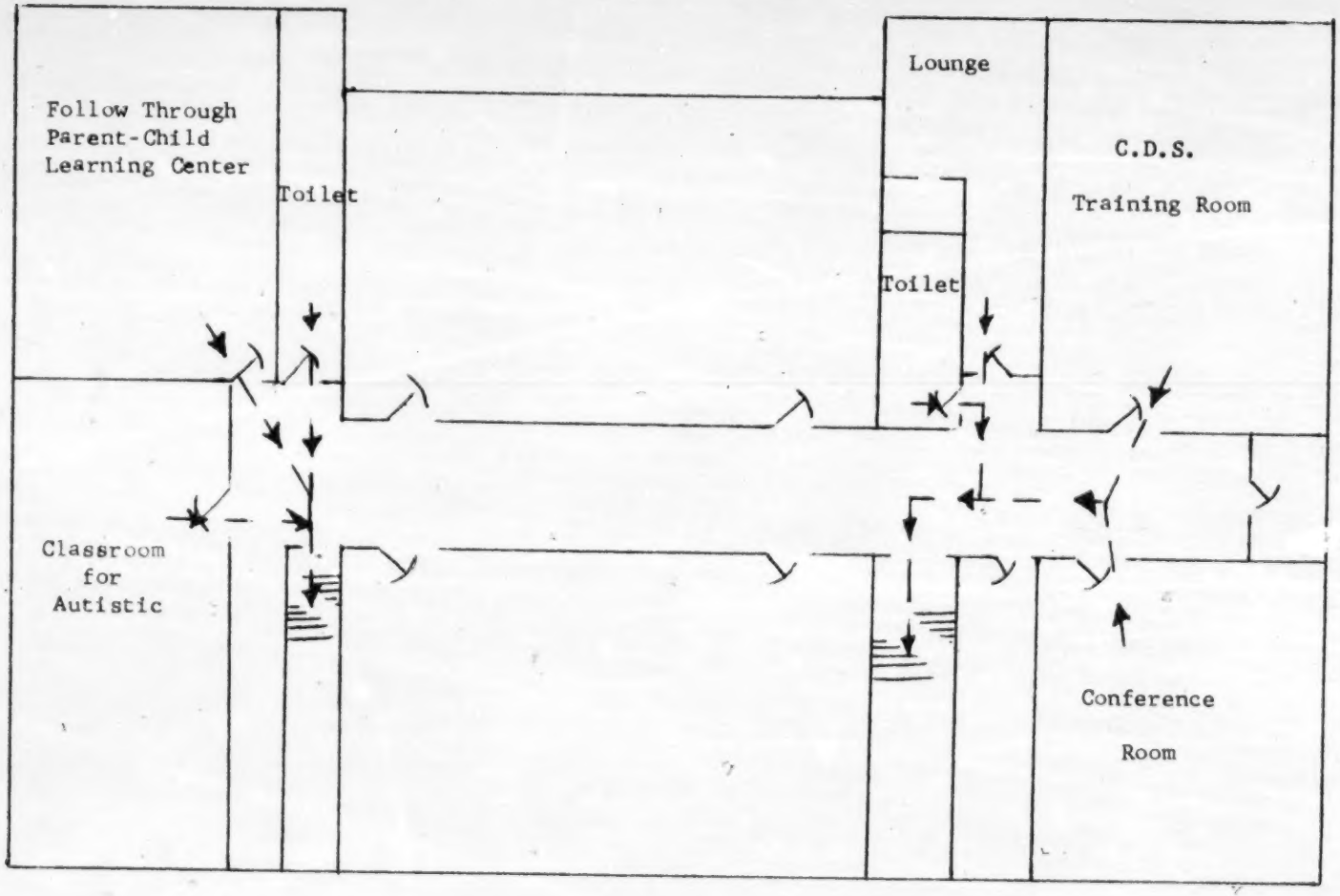



PARKING
COMMUNITY DEVELOPMENTAL SCHOOL
FIRST FLOOR
EVACUATION PLAN
AUDITORIUM
(Gross motor station)
SLOCUMB STREET ENTRANCE
C.D.S. KITCHEN
STAFF/ VOLUNTEERS' LOUNGE
FREE PLAY ROOM
VOLUNTEERS' NURSERY
ROOM 2
BATHROOM
ROOM 1
BATHROOM
CAFETERIA
Coord. of Vol./ Phy.Ther. OFFICE
C. D. S. OFFICES
ROOM 3
WALNUT STREET EXIT

COMMUNITY DEVELOPMENTAL SCHOOL

Second Floor

EVACUATION PLAN



Community Developmental School

Volunteer Registration Form

Name _____
Last First

Address _____

Telephone: home_____ Date of Birth_____
work_____ month day year

Person to be notified in
case of emergency _____
Name

_____ _____
address phone

Physical limitations_____

Education (circle highest grade) 5-6-7-8-9-10-11-12
College 1-2-3-4-Graduate

Special Training_____

Work Experience: Position_____Employer_____

_____ _____

_____ _____

Volunteer Experience: Kind of Service_____Organization_____

_____ _____

_____ _____

Skills, Hobbies, and Interests:_____

_____

_____

Volunteer Work Desired:

Autistic Class _____

Pre-School Class (moderately & severely retarded)_____

Pre trainable (moderately retarded, school age)_____

Multi-handicapped (severely & profoundly retarded)_____
(school age)

Big Brother / Big Sister _____

No Preference: _____

Time Available: Rank preference of days for assignment
(1 most desirable, 2, 3, etc.)

Monday _____ Tuesday_____Wednesday_____

Thursday_____ Friday _____Mornings_____

Afternoons (Autistic class only)_____

Lunch hour (Big Brother/Big Sister)_____

As a substitute on other days _____

For special field trips _____

Circle Number of days per week - 1 - 2 - 3 - 4 - 5

I plan to use the free nursery: Regularly_____

Occasionally_____

Not at all _____

Name of child _____ Age _____

_____ _____

_____ _____

Heard about volunteer opportunity from _____

Date _____

All staff members are required to have a TB test annually. We suggest that volunteers take advantage of the Health Department or the Base Hospital who offer this test free or at a reduced cost.

The Community Developmental School recognizes that each of its students has very specific needs that must be dealt with on an individual basis if each child is to progress to his full potential. Thus, volunteer assistance is necessary to provide a one-to-one ratio of instructor to student.

In order to emphasize that the duties performed by volunteers are not only an act of generosity but also an obligation, you are asked to read and sign the attached contract.

Agreement
between

Community Developmental School
and

_____(individual)

on the terms of volunteer service

1. The Community Developmental School agrees to provide all necessary training and supervision required for the volunteer position, and to do a periodic evaluation of the volunteer's performance.

2. The Community Developmental School agrees to provide daily lesson plans and on-going technical support and assistance in carrying out the lesson plans.

3. The Community Developmental School agrees that if a volunteer is to be assigned new or additional duties, it will be done by mutual agreement between the volunteer and his/her supervisor.

4. The Community Developmental School agrees to provide the volunteer a free nursery for his/her children.

5. The volunteer agrees to devote _____( )hours, ( )days per week of service to the Community Developmental School in the position of ( )volunteer assistant, ( ) Big Brother/Big Sister.

6. The volunteer agrees to abide by all established policies and procedures of the Community Developmental School.

7. The volunteer agrees to treat any information on the children and their school related program in a confidential manner.

8. The volunteer agrees to provide at least 24 hours notice to the Community Developmental School if he/she will be unable to be at work. (Except in the case of sudden illness or emergency.)

9. The volunteer agrees to consult with his/her supervisor before taking any steps to alter the terms of this agreement.

All terms of this agreement are mutually acceptable to the undersigned.

_____
Volunteer

_____
Agency Representative

_____
Date